

**Educator Licensure and Accreditation**810 First Street NE, 5th Floor / Washington, DC 20002 educator.licensurehelp@dc.gov**Employment Verification of Occupational and Professional Work Experience**

Verification of occupational experience (e.g. auto mechanic, computer technician, electrician, plumber, etc.) and/or professional experience (e.g. performing musician, visual artist, dancer, etc.) is required for licensure as an instructor in these areas. Complete a separate form for each relevant position held. For the purposes of this form, teaching is not considered occupational or professional experience, therefore verification of teaching experience is not acceptable.

EMPLOYEE INFORMATION – To be completed by District of Columbia licensure applicant.			
Last Name	First Name	M.I.	SSN
			____/____/____
Maiden name(s) or other names used		Date of Birth	Gender
		____/____/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address	City and State	Zip code	Contact numbers
			Daytime:
			Evening:

I hereby give my present/former employer permission to release any and all information requested in the "employer verification" portion of this form.

Employee Signature_____
Date

EMPLOYER VERIFICATION - To be completed by Employer or Self. If self-employed, verification must be notarized.			
The employee named above was employed from _____ to _____ or Is currently employed <input type="checkbox"/>			
The employee was employed: FULL-TIME <input type="checkbox"/> or PART-TIME <input type="checkbox"/> If part-time, how many hours per week? _____			
The employee was employed as a : _____ (job title/classification)			
Briefly describe the employee's assigned duties and responsibilities (you may attach a separate sheet if necessary): 			
This employee was required to complete specialized training and hold an occupational license to be employed in this position. YES <input type="checkbox"/> NO <input type="checkbox"/>			
This employee was required to complete specialized training, but NOT required to hold an occupational license for this position. YES <input type="checkbox"/> NO <input type="checkbox"/>			
You were/are the primary supervisor/employer to whom this employee reported. YES <input type="checkbox"/> NO <input type="checkbox"/>			
You would rate the employee's performance under your supervision as: SATISFACTORY <input type="checkbox"/> or UNSATISFACTORY <input type="checkbox"/>			
Name of Company or Agency	Address (street, city, state, zip)	Is this company required to be in compliance with any Business and/or Professions jurisdiction Codes?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer/Supervisor Signature	Print Name	Position Title	Contact number

- Notary public section- (For self-employment verification (only))

Self employment verification(s) must be accompanied by notarized copies of annual business tax returns.

Notary public signature and seal / date

Once completed by the Employer, this form MUST be mailed back to the employee's address listed above. This form MUST bear original signatures. Photo-copies will not be accepted.